2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# K83010

Entity Name: URRA NURSERY, INC.

Current Principal Place of Business:

C/O PAUL URRA
20850 S.W. 216 ST
MIAMI, FL 33170

New Principal Place of Business:

C/O RAUL URRA
20850 S.W. 216 ST
MIAMI, FL 33170

Current Mailing Address:

C/O PAUL URRA
20850 S.W. 216 ST
MIAMI, FL 33170

New Mailing Address:

FEI Number: 65-0123175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

URRA, RAUL
20850 SW 216 ST
MIAMI, FL 33170 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: URRA, RAUL,
Address: 23250 SW 212 AVE
City-St-Zip: MIAMI, FL

Title: VSD ( ) Delete
Name: URRA, MAGALYS,
Address: 23250 SW 212 AVE.
City-St-Zip: MIAMI, FL

Title: TD ( ) Delete
Name: URRA, RAUL, JR.,
Address: 23250 SW 212 AVE.
City-St-Zip: MIAMI, FL

Title: VD ( ) Delete
Name: URRA, YOEL L.,
Address: 23250 SW 212 AVE.
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: URRA, RAUL PD 01/15/2009

Electronic Signature of Signing Officer or Director — Date